

**Optima Health Pharmacy Changes
Effective January 1, 2017**

(For plans with pharmacy benefits administered by Optima Health)

Drug Name	Indication	Description of Change (by Formulary Type)
Albenza® (albendazole)	infectious disease	<u>Added Step-Edit Criteria</u> – no change in formularies
Allzital (butalbital/acetaminophen)	pain management	<u>Added MADD Limits</u> – no change in formularies
Aquoral® (artificial saliva)	saliva substitute	<u>Added Step-Edit Criteria; Added Quantity Limits</u> – no change in formularies
Belbuca™ (buprenorphine) buccal film	pain management	<u>Added Medication</u> Commercial 4-Tier Open – Tier 3 with Prior Authorization Medicaid – Non-formulary QHP 4-Tier Closed – Tier 3 with Prior Authorization
Biotène® OTC products (oral rinse and spray)	saliva substitute	<u>Added Medication; Added OTC Products</u> – Medicaid Formulary only
Botox® (onabotulinumtoxinA)	neuromuscular blocking agent	<u>Updated Prior Authorization Criteria</u> – no change in formularies
Buprenorphine (all formulations)	narcotic addiction	<u>Updated Prior Authorization Criteria – MADD Limits</u> – Medicaid Formulary Only
Buprenorphine/naloxone (all formulations)	narcotic addiction	<u>Updated Prior Authorization Criteria – MADD Limits</u> – Medicaid Formulary only
Butalbital 50mg/APAP	pain management	<u>Added MADD Limits</u> – no change in formularies
Caphosol® (supersaturated calcium phosphate rinse)	saliva substitute	<u>Added Step-Edit Criteria; Added Quantity Limits</u> – no change in formularies
Daraprim® (pyrimethamine)	infectious disease	<u>Added Prior Authorization Criteria</u> – no change in formularies
Dymista® (azelastine/fluticasone)	allergies	<u>Updated Step-Edit Criteria</u> – no change in formularies
Dysport® (abobotulinumtoxinA)	lower limb spasticity	<u>Updated Prior Authorization Criteria</u> – no change in formularies
Emverm™ (mebendazole)	infectious disease	<u>Added Step-Edit Criteria</u> – no change in formularies
Evzio® (naloxone HCL injection)	opioid overdose	<u>Removed Quantity Limits</u> – all formularies

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Exondys-51 (eteplirsen injection)	duchenne muscular dystrophy	<u>Excluded</u> – all formularies and Medical Benefit
Humira® (adalimumab)	non-infectious uveitis	<u>Updated Prior Authorization Criteria</u> – no change in formularies
Keytruda® (pembrolizumab)	skin cancer	<u>New Indications</u> – no change in formularies
Lidocaine Patches (lidoderm)	pain management	<u>Added Quantity Limits</u> – no change in formularies
methadone	pain management	<u>Added Prior Authorization Criteria</u> – Medicaid Formulary only
Moi-Stir® (artificial saliva)	saliva substitute	<u>Added Medication</u> Commercial 4-Tier Open – Tier 2 Medicaid – Formulary QHP 4-Tier Closed – Tier 2
mometasone nasal spray	allergies	<u>Added Step-Edit Criteria</u> – no change in formularies
MouthKote® OTC (dry mouth moisturizer)	saliva substitute	<u>Added Medication</u> – all formularies
naloxone agents (injection)	opioid overdose	<u>Removed Quantity Limits</u> – all formularies
Narcan Nasal Spray® (naloxone)	opioid overdose	<u>Removed Quantity Limits</u> – all formularies
narcotics (all formulations)	pain management	<u>Added Quantity Limits; Added MADD Limits</u> – no change in formularies
narcotics (all long-acting)	pain management	<u>Added Prior Authorization Criteria</u> – Medicaid Formulary only
narcotics (all short-acting)	pain management	<u>Added Prior Authorization Criteria</u> – Medicaid Formulary only
Nasonex® (mometasone furoate)	allergies	<u>Added Step-Edit Criteria</u> – no change in formularies

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NeutraSal® (supersaturate calcium phosphate)	saliva substitute	<u>Added Step-Edit Criteria; Added Quantity Limits</u> – no change in formularies
Omnaris® (ciclesonide)	allergies	<u>Updated Step-Edit Criteria</u> – no change in formularies
Orkambi® (lumacaftor/ivacaftor)	cystic fibrosis	<u>Updated Prior Authorization Criteria</u> – no change in formularies
Pyrantel Pamoate	infectious disease	<u>Added Medication</u> Commercial 4-Tier Open – Tier 2 Medicaid – Formulary QHP 4-Tier Closed – Tier 2
Qnasl® (beclomethasone)	allergies	<u>Updated Step-Edit Criteria</u> – no change in formularies
Rayos® (prednisone delayed-release)	anti-inflammatory	<u>Updated Step-Edit Criteria</u> – no change in formularies
SalivaMax™ (supersaturated calcium phosphate powder)	saliva substitute	<u>Added Step-Edit Criteria; Added Quantity Limits</u> – no change in formularies
Salivate Rx® (artificial saliva)	saliva substitute	<u>Added Step-Edit Criteria; Added Quantity Limits</u> – no change in formularies
Stelara® (ustekinumab)	plaque psoriasis	<u>Updated Prior Authorization Criteria</u> – no change in formularies
Veramyst™ (fluticasone furoate)	allergies	<u>Updated Step-Edit Criteria</u> – no change in formularies
Voltaren® Gel (diclofenac sodium gel)	pain management	<u>Removed Prior Authorization Criteria</u> – Medicaid Formulary only
Vistogard® (uridine tracetate)	oncology	<u>Added Medication</u> Commercial 4-Tier Open – Tier 4 Medicaid – Formulary QHP 4-Tier Closed – Tier 4
Xeomin® (incobotulinumtoxinA)	neuromuscular blocking agent	<u>Updated Prior Authorization Criteria</u> – no change in formularies
Zetonna® (ciclesonide)	allergies	<u>Updated Step-Edit Criteria</u> – no change in formularies